

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12235</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>STANLEY</u> <u>A</u> <u>HUNNICUTT</u> P.O. Box, Bldg., Room No., if any <u>362</u> Street _____ City <u>Juliette</u> State <u>Georgia</u> ZIP Code + 4 <u>31096-0362</u>	4. Name, file number, and address of labor organization. Name <u>AMERICAN TRAIN DISPATCHERS ASSOCIATION</u> Labor Organization File Number <u>000-042</u> P.O. Box, Building and Room Number, if any <u>1040</u> Street <u>1370 ONTARIO ST.</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44113-1736</u>
5. Position in labor organization. <u>Vice President - Southeast</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed SA Hunnicutt

On 5-10-06  
Date

(478) 994-8154  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name UNITED HEALTH CARETrade Name, if any: P.O. Box, Bldg., Room No., if any 15043Street 450 COLUMBUS BLVD, CT 030-13NACity HARTFORDState CONNECTICUT ZIP Code + 4 06115-0453

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CLASS I RAILROAD CARRIERS (LIST ATTACHED)Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 11.a. Nature of such dealing.

UNITED HEALTH CARE IS ADMINISTRATOR  
FOR THE NATIONAL RAILROAD EMPLOYEES  
HEALTH AND WELFARE PLAN

## 11.b. Approximate dollar value of such dealing.

273.16

## 12.a. Nature of interest held or income received.

FEB 12, 2005 - GOLF OUTING	164.78
FEB 12, 2005 - GOLF LUNCH	108.38

## 12.b. Amount.

273.16

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Carriers Represented by the National Carriers Conference Committee

The Belt Railway Company of Chicago  
The Burlington Northern and Santa Fe Railway Company  
Consolidated Rail Corporation  
CSXT Corporation  
Indiana Harbor Belt Railroad Company  
The Kansas City Southern Railway Company  
Norfolk Southern Railway Company  
Northern Indiana Commuter Transportation District  
Terminal Railroad Association of St. Louis